pushed below the poverty line by heavy medical expenditure, some 12 per cent had to sell their assets to meet health expenses and over 43 per cent had to resort to loans for the same reasons;

(b) if so, what Government has done to improve healthcare system in rural and semi-urban areas;

(c) whether Government will bring all the low income group people under social security net and ensure proper treatment at the recognized and other hospitals; and

(d) whether Government has done its own survey to find out as how many people do not have access to medical facilities?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) Yes, Sir..

(b) to (d) The Government has launched National Rural Health Mission (NRHM) to improve health care system in rural and semi urban areas. NRHM is the main vehicle for enhancing allocation for health sector from the present 0.9% of GDP to 2% to 3% of GDP. NRHM is being operationalised throughout the country, with special focus on 18 States which includes 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttarakhand, Orissa and Rajasthan), 8 NE States, Himachal Pradesh and Jammu and Kashmir.

The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population.

To reduce the Out of Pocket Expenditure on health by rural poor, NRHM envisages Social security nets in the form of need based, community oriented flexible insurance schemes. The States have been given the flexibility to design appropriate schemes to ensure proper treatment of patients.

As part of NRHM, detailed house hold surveys have been undertaken which have been collated into integrated District Health Action Plans which identify the gaps in the availability of health services in the Public Sector.

Discarded drugs in market

2049. SHRIMATI BRINDA KARAT:
SHRI JAI PARKASH AGGARWAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that drugs that have been globally discarded are available in Indian markets;

(b) if so, brand names of drugs those are globally discarded; and

(c) the action being taken by Government against the pharmaceutical companies and marketing those drugs in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) No, Sir. There is no such term called "globally discarded drugs." The

tionality, safety and efficacy of a drug is ascertained based on risk benefit analysis as per he provisions of Schedule Y of Drugs and Cosmetics Rules before market approval in the country. There is regulatory system in place for ensuring safety and efficacy of marketed drugs in the country.

The Drugs and Cosmetics Act 1940 was amended in 1982 to empower Central Government to prohibit manufacture and sale of drugs that are considered harmful or not rational, through notification under Sec. 26-A of the Drugs and Cosmetics Act. So far, 76 categories of drug formulations have been prohibited in the country.

(b) and (c) Question does not arise.

National Maternity Benefit Scheme

2050. SHRI C. PERUMAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there are no guidelines for implementation of the National Maternity Benefit Scheme by Government;

(b) if so, whether Government has proposed to make guidelines for this Scheme as per pplication of People's Union for Civil Liberties in the Supreme Court of India;

(c) if so, the details thereof; and

(d) the number of beneficiaries under this scheme during the current year, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) Since 2005-06, the National Maternity Benefit Scheme has been subsumed within the Janani Suraksha Yojana (JSY) for which detailed guidelines have already been issued.

(b) The guidelines of JSY were issued prior to the decision of the Supreme Court on the application of People's Union for Civil Liberties.

(c) As per the guidelines, JSY envisages cash incentive of Rs. 1400/- (in rural areas) and Rs. 1000/- (in urban areas) for women delivering in Government Health Centres in Low Performing States (LPS). In High Performing States (HPS) the beneficiary is entitled to Rs. 700/- and Rs. 600/- respectively in rural urban areas.

Further the ASHA is entitled to incentive of Rs. 600 and Rs. 200 for urban and rural areas respectively in all LPS, NE States and in the tribal districts of all States and UTs. ASHA package include cash assistance for Referral transport for pregnant women to go to the nearest health centre for delivery.

JSY also subsidizes the cost of Caesarean Section or for the management of Obstetric complications, up to Rs. 1500/- per delivery to the Government institution, where Government specialists are not in position.

The Below Poverty Line (BPL) pregnant women, aged 19 years and above, preferring to deliver at home are entitled to cash assistance of Rs. 500/- per delivery, upto two live births.

(d) A number of beneficiaries of JSY during the current year as reported by the States is nclosed as Statement.